

| FIRM NUMBER | |
|-------------|--|
| NAME | |

APPLICATION FOR ORIGINAL OCCUPATIONAL LICENSE (PART C)

| | | (i Aiti o) | |
|---|---|--|---|
| A. OWNERSHIP INFORMATION | N: | | |
| Director, or Stockholder of the corpo Member and Manager of the limited li | oration participating in ability company partici | the direction, control and management of the direction, control and materials. | al or limited); each principal Officer and ent of the policy of the business; each anagement of the policy of the business; he association (attach separate sheet if |
| PRINT TRUE FULL NAME | (Last, First, Middle) | TITLE | DATE OF BIRTH |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| B. CERTIFICATION: | | | |
| NSTRUCTIONS: Complete Section imited liability company, or associ | | pending on whether ownership is a | n individual, partnership, corporation, |
| SECTION 1 – INDIVIDUAL certify (or declare) under penalty | | aws of the State of California that | the foregoing is true and correct. |
| further certify that I am the sole own | | | |
| and that all answers and information | | | ue and correct. |
| IGNATURE | | TITLE | DATE |
| (| | | |
| We further certify that we are co-part | ners (print firm name) ₋ d in the ownership of th | | nat the foregoing is true and correct. I information contained within Part A and |
| SIGNATURE | SIGNATURE | SIGNATURE | DATE |
| K | X | X | |
| SECTION 3 – CORPORATION certify (or declare) under penalty further certify that (print firm name)_ s incorporated in the State of_ and is authorized by the State of Cali A and Part B of this application are tr | ifornia to transact busir | and our corporate r | |
| GIGNATURE OF CORPORATE OFFICER AUTHORIZE | | N TITLE | DATE |
| v | | | 52 |
| SECTION 4 – LIMITED LIABILITY C | | | |
| certify (or declare) under penalty | | | the foregoing is true and correct. |
| | | and our LLC number is | |
| s incorporated in the State of and is authorized by the State of Cali A and Part B of this application are tr | | | rs and information contained within Par |
| IGNATURE OF MEMBER OR MANAGER AUTHORIZ | | TITLE | DATE |
| (| | | |
| SECTION 5 – ASSOCIATION | | I | I |
| certify (or declare) under penalty | of perjury under the l | aws of the State of California that | the foregoing is true and correct. |
| further certify that (print firm name) | | | |
| | | ntained within Part A and Part B o | of this application are true and correct |
| SIGNATURE OF MEMBER AUTHORIZED TO SIGN FO | | TITLE | DATE |



X



ORIGINAL APPLICATION FOR OCCUPATIONAL LICENSE (PART A)

| FOR DMV | FOR DMV USE ONLY | | | | |
|--------------------------|---------------------------|--|--|--|--|
| FIRM NUMBER | DATE APPLICATION RECEIVED | | | | |
| | | | | | |
| ACR NUMBER | DATE PERMIT ISSUED | | | | |
| ORIGINAL APPLICATION FEE | DATE PERMIT EXPIRES | | | | |
| NVMB FEE | REGION CC | | | | |
| FINGERPRINT FEE | INSPECTOR NAME/ID NUMBER | | | | |
| OTHER FEE | TOTAL FEE | | | | |
| SUSPENSE RECEIPT NUMBER | | | | | |

| SECTION 1 — FIRM INFORMATION (Check one box.) |) | | | |
|---|-------------------------------|--------------------------------|--|--|
| Dealer - Complete information on right side. | FOR DEALERS ONLY - Che | ck one box in each section. | | |
| ☐ Dismantler | Type of Dealer | Autobroker Endorsement (32) | | |
| Lessor-Retailer | ☐ Retail New | ☐ Yes ☐ No | | |
| ☐ Transporter | ☐ Retail Used | ☐ Yes ☐ No | | |
| ☐ Distributor | ☐ Wholesale (12) | ☐ Yes ☐ No | | |
| ☐ Manufacturer☐ Remanufacturer | ☐ No Retail or Wholesale | ☐ Yes ☐ No | | |
| SECTION 2 — MAIN OFFICE (Complete OL 21 for Br | anch Locations.) | | | |
| TRUE FULL NAME OF SOLE OWNER, ALL PARTNERS, CORPORATION, LIMITED LIABILITY COM | | | | |
| | | | | |
| FIRM NAME | TELEPI | HONE NUMBER | | |
| FIRM ADDRESS | |) | | |
| | | | | |
| CITY | STATE | ZIP CODE | | |
| SECTION 3 — CHECK THE VEHICLES TO BE SOLD, MAN | UFACTURED OR DISTRIBUT | ED AT THIS LOCATION | | |
| NEW Automobile/Commercial* (11) Motorcycle* (including Off-Highway) (21) All-Terrain Vehicle* (51) Motorhome* (91) Recreational Trailer* (81) Trailer† (41) Snowmobile* (01) *OL 124 required. *OL 124 required. | | | | |
| Automobile/Commercial (13) | | | | |
| SECTION 4 — PLATE(S) REQUEST | | | | |
| Enter number of plates only. The Licensing Inspector will con | plete county fees and total. | | | |
| Auto* \$71.00 + \$ = \$ x rotal MOTORCYCLE \$73.00 + \$ = \$ x No. of Plates Total | | | | |
| *Also applies to trailers and motorhomes. | Lauri late County 1 ees | ivo. orritates iotal | | |
| SECTION 5 — FOR DISMANTLER ONLY (Must also | complete OL 21D.) | | | |
| All plates acquired from vehicles will be: Destroyed | ☐ Turned into the department | ent. | | |
| | · | Initials | | |
| Pursuant to Vehicle Code Section 11520(4), I agree to delive the date of vehicle acquisition, the last issued license plates of REG 42 serves as the certificate). | | | | |
| SECTION 6 — FOR MANUFACTURER OR REMANUFACT | URER ONLY | | | |
| Attach pictures and detailed description adequate to identify | vehicle to be manufactured. I | ist the 17-digit VIN number or | | |



sample configuration from the Society of Automotive Engineers _

| | | | | | FIRM NUMBER | |
|--|--|----------------|-------------------------|--------------------------------|---------------------|---------------------|
| | | | | | NAME | |
| SECTION 7 — FINANCIAL INSTITUTION BUSINESS ACCOUNT INFORMATION | | | | | | |
| NAN | /IE OF FINANCIAL INSTITUTION | | | | ACCOUNT NUMBER | |
| ADE | DRESS OF FINANCIAL INSTITUTION | | CITY | | STATE ZIF | CODE |
| NAN | ME OF PERSON AUTHORIZED TO DRAW FUNDS OR ISSUE (| CHECKS FROM | ACCOUNT | | TELEPHONE NUMBER | |
| ĪF A | CCOUNT IS NOT CARRIED UNDER SAME NAME AS SHOWN | I ON THIS APPL | ICATION, UNDER WHAT NAM | IE IS IT CARRIED? | () | |
| SE | ECTION 8 — PROPERTY USE APPR Must be completed by | | Excludes out-of- | state Manufactu | urers and Distribut | tors |
| Do | pes location meet all city and county pr | | | | | |
| | ves, attach the appropriate property us | | | | | |
| SE | ECTION 9 — PROPERTY DATA | | | | | |
| | tach a copy of the lease or rental agre- itten authorization to sublease from the | | | rty ownership. If _l | property is subleas | sed, also include a |
| _ | ROPERTY IS: (Check one box.) | 7 | | APPROXIMAT | E SQUARE FEET | |
| | Leased Rented Second Rented Second Rental Period | Owned | Office Area | Building Area | Display Area | Total Area |
| LEA | SE OR RENTAL PERIOD | | | | | |
| PRO | DPERTY OWNER'S FULL NAME | | <u> </u> | | TELEPHONE NUMBER | I |
| PRO | DPERTY OWNER'S ADDRESS | | CITY | | STATE ZIF | CODE |
| SECTION 10 — APPLICANT CERTIFICATION Initials 1. I have an established place of business where I agree to keep all books and records relating to the business, | | | | | | |
| 2. | available for, and open to inspection by any peace officer during regular business hours. 2. I understand that all Report of Sale or Notice of Acquisition Books and Special Plates issued to me by the Department of Motor Vehicles are property of the State of California and must be surrendered to any authorized, identified Department employee on demand. | | | | | |
| 3. | 3. The main place of business and all branches have offices and display or dismantling areas situated on the same property where business related to the type of license issued is transacted. (Except Wholesale-Only and Autobroker dealers.) | | | | | |
| 4. | 4. The place of business is properly identified by a sign posted in a conspicuous place in each and every location. Such signs shall provide information relating to the business name and address so as to enable any person doing business with me to properly identify the business. (Except Wholesale-Only dealers.) | | | | | |
| 5. | 5. I agree to notify the Department in writing immediately of any change in location of this business or any addition or deletion of branch offices and to provide simultaneously a complete description of the new location of this business and the name of the manager there. | | | | | |
| 6. | 6. I agree to notify the Department in writing immediately of any change in the ownership or in the legal structure of this business and on request from the Department will submit new application papers properly reflecting the changes together with the required fees. | | | | | |
| 7. I will maintain on file with the Department an authorization to sell each make of new vehicle that I sell and report on new vehicle reports of sale. | | | | | | |
| I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. | | | | | | |
| PRINTED NAME OF SOLE OWNER, ALL PARTNERS, CORPORATE OFFICER, LLC MEMBER, OR ASSOCIATION REPRESENTATIVE TITLE | | | | | | |
| SIG | NATURE OF SOLE OWNER, ALL PARTNERS, CORPORATE C | FFICER, LLC M | EMBER, OR ASSOCIATION F | REPRESENTATIVE | DATE | |
| | NTED NAME OF INSPECTOR/NUMBER | INSPECTOR SI | GNATURE | | DATE | |
| | | Y | | | I | |



STATE OF CALIFORNIA DEPARTMENT OF MOTOR VEHICLES

DEALER SURETY BOND

(Vehicle Code Section 11710)

| DMV USE ONLY |
|----------------------|
| OL OR ACCOUNT NUMBER |
| NAME |

Licensing Operations Division Occupational Licensing Branch P.O. Box 932342, MS: L224 Sagramento, CA 94232-3420

| Bond Number | | |
|----------------|-----------------|--|
| | SURETY USE ONLY | |
| Pramium Amaunt | | |

| Sacramento, CA 94232-3420 | Premium Amount | | | |
|---|---|--|--|--|
| | SURETY USE ONLY | | | |
| KNOW ALL PERSONS BY THESE PRESENTS: | | | | |
| That we, | | | | |
| | PRINCIPAL NAME(S) AND DBA | | | |
| | | | | |
| | | | | |
| | | | | |
| doing business as a dealer whose address for service is | | | | |
| | | | | |
| as PRI | INCIPAL, and, SURETY NAME | | | |
| a corporation organized under the laws of | and authorized to transact a | | | |
| | STATE OF INCORPORATION | | | |
| general surety business in the State of California, whose address | ess for service is | | | |
| | | | | |
| California in the negal sum of FIFTY THOUSAND DO | , as SURETY, are held and firmly bound to the People of the State of DLLARS (\$50,000), for which payment we bind ourselves, our heirs, executors, | | | |
| administrators, successors and assigns jointly and severally, fi | irmly by these presents. The bond term shall begin on | | | |
| | BOND EFFECTIVE DATE nat the Principal file or have on file with the Department a bond in the sum of \$50,000 | | | |
| and this bond is executed and tendered in accordance therewit | | | | |
| NOW THEREFORE, the conditions of the foregoing | obligation are that if the Principal shall not practice any fraud or make any fraudulent | | | |
| | er, seller, financing agency, or governmental agency; and, shall not fail to comply with | | | |
| conditions set out in section 11711, then this obligation is to be | be void; otherwise it is to remain in full force and effect. | | | |
| PROVIDED HOWEVER, this bond is issued subject to | to the following express conditions: | | | |
| | rm and shall remain in full force and effect and shall run concurrently with the license | | | |
| * | every succeeding license period or periods for which said Principal may be licensed, | | | |
| | any liability or indebtedness therefore incurred or accrued hereunder. | | | |
| Code and chapter 2, title 14, part 2, Code of Civil Proc | apply with Article 1 (commencing with section 11700), Chapter 4, Division 5, Vehicle bedure and said bond shall be subject to all the terms and provisions thereof. | | | |
| (3) The aggregate liability of the Surety hereund | der on all claims whatsoever shall not exceed the penal sum of this bond in any event. | | | |
| (4) This bond may be cancelled by the Surety in part 2, Code of Civil Procedure. | in accordance with Article 13 (commencing with section 996.310), chapter 2, title 14, | | | |
| (5) The Surety, its successors and assigns, are ju | ointly and severally liable on the obligations of the bond, chapter 2 (commencing with | | | |
| section 995.010), title 14, part 2, Code of Civil Proce Code. | edure and Article 1 (commencing with section 11700), Chapter 4, Division 5, Vehicle | | | |
| (6) The Principal and Surety may be served w 995.010), title 14, part 2, Code of Civil Procedure at the | with notices, papers and other documents under chapter 2 (commencing with section ne addresses given above. | | | |
| ,, , , , , , , , , , , , , , , , , , , | ws of the State of California that the foregoing is true and correct. The undersigned | | | |
| executes this bond on behalf of the surety under an unrevoked | | | | |
| Executed at | X | | | |
| | SIGNATURE OF ATTORNEY-IN-FACT | | | |
| On (Date) | | | | |
| | PRINTED OR TYPED NAME OF ATTORNEY-IN-FACT | | | |

INSTRUCTIONS FOR COMPLETING THE SURETY BOND FOR AN OCCUPATIONAL LICENSE APPLICATION

The surety must complete the bond as follows to meet the department's regulatory requirements.

Bond Number: Enter the bond number. The bond number and the principal name should be included on all correspondence to the department.

Premium Amount: Enter the premium amount.

Principal Name(s) and DBA (doing business as): Enter the true, full name of the Principal and DBA(s) which must match the names as presented on the application submitted to the department. When the Principal is a:

- **Sole Owner** List the true, full name of that person and each DBA name(s).
- *Partnership* List the true, full name of each partner and each DBA name(s).
- *Limited Liability Company* List the true, full name of the limited liability partnership or company and each DBA name(s).
- *Corporation* List the true, full name of the corporation and each DBA name(s) as filed and registered with the California Secretary of State; include the assigned registration number.
- Association List the true, full name of the association and each DBA name(s).

A surety bond will not be accepted unless it is issued in the true, full name of the occupational licensee as presented on the application. When the name of the Principal is the same as the DBA name, only list the Principal's name.

Dealer Service Address: Enter the address at which the principal may be served with notices, papers, and other documents related to this bond.

Surety Name: Enter the true, full name as filed with the Department of Insurance. A surety issuing the bond must be an admitted surety insurer authorized to transact business in California.

State of Incorporation: Enter the state or country where the surety company's incorporation documents are filed.

Surety Service Address: Enter the address where legal documents may be served on the surety.

Bond Effective Date: Enter the month, day and year of the bond effective date.

Executed in: Enter the city and county where the bond is signed.

On (date): Enter the month, date and year when the bond is signed.

Signature of Attorney-in-Fact: Sign the true, full name of the person who represents and is authorized to sign for the surety company.

Printed or Typed Name of Attorney-in-Fact: Enter the true, full name of the person signing on behalf of the surety company.

STATE OF CALIFORNIA DEPARTMENT OF MOTOR VEHICLES



SURETY BOND OF MOTORCYCLE DEALER, MOTORCYCLE LESSOR-RETAILER, ALL-TERRAIN VEHICLE DEALER, OR WHOLESALE-ONLY DEALER (LESS THAN 25 VEHICLES PER YEAR)

| DMV USE ONLY |
|----------------------|
| OL OR ACCOUNT NUMBER |
| NAME |

(Vehicle Code Sections 11612, 11710 and 11710.1)

| Licensing Operations Division | Bond Number | | | |
|--|---|------------------------------|--|--|
| Occupational Licensing Branch P.O. Box 932342, MS: L224 | | SURETY USE ONLY | | |
| Sacramento, CA 94232-3420 | Premium Amount _ | SURETY USE ONLY | | |
| KNOW ALL PERSONS BY THESE PRESENTS: | | | | |
| That we, | | | | |
| PRINCIPAL NAME(S | S) AND DBA | | | |
| | | | | |
| | | , | | |
| doing business as a dealer or lessor-retailer whose address for service is | | | | |
| | DEALER/LESSOR-RETAILER SERVICE AD | DRESS | | |
| as PRINCIPAL, and _ | SURETY NAME | , | | |
| a corporation organized under the laws of | | nd authorized to transact a | | |
| STATE (| OF INCORPORATION | | | |
| general surety business in the State of California, whose address for service is | SURETY SERVICE ADDRESS | | | |
| | , as SURETY, are held and firmly bound to | | | |
| California in the penal sum of TEN THOUSAND DOLLARS (\$10,000), for successors and assigns jointly and severally, firmly by these presents. The bo | which payment we bind ourselves, our heirs, | executors, administrators, | | |
| WHEREAS, section 11612, or sections 11710 and 11710.1, Vehicle C | BOND EFF | ECTIVE DATE | | |
| bond in the sum of \$10,000 and this bond is executed and tendered in accorda | • | ne with the Department a | | |
| NOW THEREFORE, the conditions of the foregoing obligation are the representation which will cause a monetary loss to a purchaser, seller, financial and the self-time act of the self-time and the self-time are t | ing agency, or governmental agency; and, sha | _ | | |
| conditions set out in section 11711, then this obligation is to be void; otherwise PROVIDED HOWEVER, this bond is issued subject to the following | | | | |
| (1) This bond shall be deemed continuous in form and shall ren | | currently with the license | | |
| period for which the license is granted and each and every succeedir after which liability hereunder shall cease except as to any liability or | ng license period or periods for which said P | rincipal may be licensed, | | |
| (2) This bond is executed by the Surety to comply with Chapter chapter 2, title 14, part 2, Code of Civil Procedure and said bond shall | | | | |
| (3) The aggregate liability of the Surety hereunder on all claims | whatsoever shall not exceed the penal sum of | this bond in any event. | | |
| (4) This bond may be cancelled by the Surety in accordance w part 2, Code of Civil Procedure. | ith Article 13 (commencing with section 996 | 5.310), chapter 2, title 14, | | |
| (5) The Surety, its successors and assigns, are jointly and sever section 995.010), title 14, part 2, Code of Civil Procedure and Chapter | • | _ | | |
| (6) The Principal and Surety may be served with notices, pap 995.010), title 14, part 2, Code of Civil Procedure at the addresses give | - · · · · · · · · · · · · · · · · · · · | commencing with section | | |
| I certify (or declare) under penalty of perjury, under the laws of the State of executes this bond on behalf of the surety under an unrevoked power of atto- | | correct. The undersigned | | |
| Executed at | X SIGNATURE OF ATTORNEY-IN-FACT | | | |
| On (Date) | PRINTED OR TYPED NAME OF ATTORNEY-IN-FACT | | | |

INSTRUCTIONS FOR COMPLETING THE SURETY BOND FOR AN OCCUPATIONAL LICENSE APPLICATION

The surety must complete the bond as follows to meet the department's regulatory requirements.

Bond Number: Enter the bond number. The bond number and the principal name should be included on all correspondence to the department.

Premium Amount: Enter the premium amount.

Principal Name(s) and DBA (doing business as): Enter the true, full name of the Principal and DBA(s) which must match the names as presented on the application submitted to the department. When the Principal is a:

- Sole Owner List the true, full name of that person and each DBA name(s).
- *Partnership* List the true, full name of each partner and each DBA name(s).
- *Limited Liability Company* List the true, full name(s) of the limited liability partnership or company and each DBA name(s).
- *Corporation* List the true, full name of the corporation and each DBA name(s) as filed and registered with the California Secretary of State include the assigned registration number.
- Association List the true, full name of the association and each DBA name(s).

A surety bond will not be accepted unless it is issued in the true, full name of the occupational licensee as presented on the application. When the name of the Principal is the same as the DBA name, only list the Principal's name.

Dealer/Lessor-Retailer Service Address: Enter the address at which the principal may be served with notices, papers, and other documents related to this bond.

Surety Name: Enter the true, full name as filed with the Department of Insurance. A surety issuing the bond must be an admitted surety insurer authorized to transact business in California.

State of Incorporation: Enter the state or country where the surety company's incorporation documents are filed.

Surety Service Address: Enter the address where legal documents may be served on the surety.

Bond Effective Date: Enter the month, day and year of the bond effective date.

Executed at: Enter the city and county where the bond is signed.

On (date): Enter the month, date and year when the bond is signed.

Signature of Attorney-in-Fact: Sign the true, full name of the person who represents and is authorized to sign for the surety company.

Printed or Typed Name of Attorney-in-Fact: Enter the true, full name of the person signing on behalf of the surety company.



| | DI | NV I | USE | ONL | _Y | |
|-------|---------|--------|-------|-------|------|--|
| OCCUF | PATIONA | L LICE | ENSIN | G NUN | 1BER | |
| | | | | | | |

OCCUPATIONAL LICENSING SECTION

AUTHORIZATION TO RELEASE FINANCIAL INFORMATION

As an applicant for a dealer license with the Department of Motor Vehicles, I/we am/are required, pursuant to Section 11703.4 of the California Vehicle Code, to endorse an authorization for disclosure of account(s) relating to the operation of the dealership.

| TRUE FULL NAME OF SOLE OWNER, ALL PARTNERS, CORPORATION, LIMIT | ED LIABILITY COMPANY, OR ASSOCIATION |
|--|---|
| FIRM NAME | |
| lows: account number; name(s) of persor | ial information concerning the dealership account(s) as fol n(s) establishing account; date each account established; name and address where statements are sent; name(s) of person(s nt(s); and, copies of signature card(s). |
| I hereby release, discharge, exonerate the | e, thei |
| and kind arising out of the furnishing and | on furnishing information from any and all liability of every nature inspection of such documents, records and other information egal representatives, heirs, and assignees. |
| This release will expire 120 days after the | e date signed. |
| A photocopy of this release is to be cons | dered as valid as an original. |
| SIGNATURE | SIGNATURE |
| X | X |
| TITLE | TITLE |
| DATE | DATE |
| | , |
| SIGNATURE X | SIGNATURE |
| TITLE | TITLE |
| DATE | DATE |





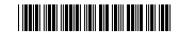
| | DMV USE ONLY | | | | | | |
|------|-------------------------------|--|--|--|--|--|--|
| OCCI | OCCUPATIONAL LICENSING NUMBER | | | | | | |
| | | | | | | | |
| FIRM | NAME | | | | | | |
| | | | | | | | |

PROPERTY USE AND ZONING VERIFICATION FOR VEHICLE DEALER'S LICENSE

Instructions: This form is to be completed in ink by an official of the agency responsible for property use and zoning in your area, pursuant to Government Code Section 65850, and submitted with your application for license to a department Inspector.

Approval for both property use and zoning must be obtained in connection with an application for a vehicle dealer's license submitted to the Department of Motor Vehicles by:

| SECTION 1 — APPLICANT'S INFORMATI | ION | |
|---|--|---|
| APPLICANT'S TRUE FULL NAME | | BUSINESS TELEPHONE NUMBER |
| BUSINESS NAME | | <u> </u> |
| BUSINESS ADDRESS | CITY | STATE ZIP CODE |
| SECTION 2 — PROPERTY USE AND ZON | NING | |
| Does business address exist in city/cour | nty records? | |
| Does the dealership location meet zoning | g requirements for the city/county? | ☐ Yes ☐ No |
| I hereby certify that the property located | above is (check one of the following): | |
| Approved for the operation of Vehicle (Office, sign, and display area are m | | |
| Approved for the operation of a Veh (Office is mandatory). | nicle Dealer-Wholesale Only. No retail s | cales. |
| Approved for the operation of a Veh (Office and sign are mandatory) | nicle Autobroker. No retail sales | |
| ☐ Not approved for the operation of a | vehicle dealer business. | |
| I certify (or declare) under penalty of perj correct. | jury under the laws of the State of Ca | lifornia that the foregoing is true and |
| PRINTED NAME | TITLE | |
| AGENCY | | |
| | | |
| CITY, COUNTY, OR CITY AND COUNTY | TELEPHONE NUMBER | |
| SIGNATURE | DATE | |
| X | | |





| DMV USE ONLY | | | | | | | |
|--------------|--------|-------|-------|--------|------|---|--|
| OCCI | JPATIC | NAL L | ICENS | SING N | UMBE | R | |
| | | | | | | | |

APPLICATION FOR OCCUPATIONAL LICENSE PERSONAL HISTORY QUESTIONNAIRE (PART B) BUSINESS LICENSING UNIT

IMPORTANT — **Read Carefully:** Each person applying for an occupational license issued by the Department of Motor Vehicles must complete this questionnaire. Before you submit this questionnaire with your application, be sure that you have signed it and that you have fully answered each question. **Incorrect information is grounds for refusal to issue a license.**

| SECT | 10N 1 — | APPLIC | ANT IN | FORMATION (Type or print yo | our true full na | me.) | | | |
|--------------------|------------------|------------|------------|---------------------------------------|-------------------|----------------|-------------------|-----------------------|------------------|
| NAME (L | AST, FIRST, MIDI | DLE) | | | | | | BUSINESS TELEPHONE | NUMBER |
| | | | | | | | | () | |
| RESIDEN | ICE ADDRESS (| (NUMBER AN | ID STREET) | CITY | STATE | STATE ZIP CODE | | HOME TELEPHONE NUMBER | |
| | | | | | | | | () | |
| DATE OF | BIRTH | | | SEX | HAIR COLO | DR | EYE COLOR | HEIGHT | WEIGHT |
| | | | | ☐ Male ☐ Female | | | | | |
| See in | nformation | on last | page re | garding Personal Responsibi | ility and Wo | k Oppor | tunity Reconcil | iation Act of 1996 | (Does not apply |
| | | | | icants who are not required to | o maintain a | Californ | ia location and | do not reside in th | e United States. |
| CALIFOR | NIA DRIVER LIC | CENSE/IDEN | TIFICATION | CARD NUMBER | | EXPIRATIO | N DATE | SOCIAL SECURITY NUM | IBER |
| | | | | | | | | | |
| SECT | 10N 2 — | EMPLO' | YMENT | HISTORY FOR THE PAST 1 | THREEYEA | RS (Beg | gin with your mos | recent job. List eac | h separately.) |
| FROM TO EMPLOYERS: | | | | JOB | TITLE/DUTIES PERF | ORMED | | | |
| МО | YR | МО | YR | YR NAMES, ADDRESSES, TYPE OF BUSINESS | | | | | |
| | | | | | | | | | |
| | | | | | | | - | | |
| | | | | | | | | | |
| | | | | | | , | - | | |
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| | | | | | | | - | | |
| | | | | | | | - | | |
| /ATTAC | | | | IONAL SPACE IS NEEDED) | | | | | |
| | | | | IONAL SPACE IS NEEDED) | | | | | |
| SECT | ION 3 — | EDUCA | TION | | | | | | |
| | | | | NAME AND ADDRESS | OE SCHOOL | | NUMBER | GRADUATED? | DATE |
| | | | | IVAIVIE AND ADDITESS | OI SCHOOL | | OF YEARS | YES OR NO | COMPLETED |
| | | | | | | | | | |
| HIGH S | SCHOOL | | | | | | | | |
| | | | - | | | | | | |
| COLLE | GE OR | | | | | , | | | |
| UNIVE | RSITY | | | | | | - | | |
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| OTHER | ₹ | | | | | , | - | | |
| | | | | | | | | | |
| SECT | TON 4 — | BACKG | ROUNE | INFORMATION | | | | | |
| | | | known | by or used any name other | than the na | ne appe | aring on this qu | uestionnaire? | ☐ YES ☐ NC |
| ĪF \ | YES, LIST NAME | E(S) | | | | | | | |
| | | | | | | | | | |

| | | USE ONLY |
|-----|---|-----------------|
| | OCCUPATIONAL LIC | ENSING NUMBER |
| 2. | Have you previously been or are you now licensed or have you ever applied in this state as a vehic salesperson, representative, distributor, dealer, registration service, dismantler, manufacturer remanufacturer, transporter, vehicle verifier, lessor-retailer, driving school owner, operator, instructor, traffic violator school owner, operator or instructor or all-terrain vehicle safety training organization or instructor? | er, or ng |
| 3. | Have you ever had a business or occupational license issued by this department or an application for such license refused, revoked, suspended or subjected to other disciplinary action or were you ever a partner, managerial employee, officer, director, or stockholder in a firm licensed by this department, and the license was revoked, suspended or subject to other disciplinary action? IFYES, LIST LICENSE NUMBER, TYPE OF LICENSE, ACTION BY DEPARTMENT, AND DATE OF ACTION. | ☐ YES ☐ NC |
| 4. | Were you ever the holder of an occupational license issued by another state, authorizing the same or similar activities of a license, and that license was revoked or suspended for cause and was never reissued, or was suspended for cause, and the terms of suspension have not been fulfilled? | ☐ YES ☐ NO |
| 5. | Have you ever had a civil judgment rendered against you, or as a sole owner, partner, managerial employee, public administrator, officer, director, stockholder, or LLP/LLC managing member? | YES NC |
| | IF YES, DESCRIBE TYPE OF LICENSE, LIST LICENSE NUMBER, STATE LICENSE WAS ISSUED, NAME AND LOCATION OF COURT OF JURISDICTION | |
| 6. | Have you as a sole owner, partner, managerial employee, officer, director, stockholder, or LLP/LLC managing member sought relief from creditors due to financial hardship in either state or federal court? IFYES, DESCRIBE TYPE OF LICENSE, LIST LICENSE NUMBER, STATE LICENSE WAS ISSUED, GIVE DATE BANKRUPTCY FILED, NAME AND LOCATION OF COURT OF JURISDICTION | YES NO |
| 7. | Do you currently have any criminal charges pending against you in any jurisdiction? IF YES, STATE THE COURT, CASE NUMBER AND THE NATURE OF THE CHARGES. | YES NC |
| 8. | Have you ever: (If "YES," give details below.) (a) Been dismissed, fired, demoted, had your salary or compensation reduced or had any other adverse action taken against you, for any reason? | YES NO |
| 9. | ALL APPLICANTS: EXCLUDING TRAFFIC OFFENSES, have you ever been CONVICTED, PLACED ON PROBATION, OR RELEASED FROM INCARCERATION FOLLOWING CONVICTION for any crime or offense, either Felony or Misdemeanor, of ANY jurisdiction, within the last ten years? Read Important Notice on the next page and complete Section 5. | ☐ YES ☐ NC |
| 10. | APPLICANTS FOR DRIVING SCHOOL OWNER, TRAFFIC VIOLATOR SCHOOL OWNER, ALL-TERRAIN VEHICLE SAFETY TRAINING ORGANIZATION OWNER: INCLUDING TRAFFIC OFFENSES, have you ever been CONVICTED, PLACED ON PROBATION, OR RELEASED FROM INCARCERATION FOLLOWING CONVICTION for any crime or offense, either Felony or Misdemeanor, of ANY jurisdiction, within the last ten years? Read Important Notice on the next page and complete Section 5. | |

| | | | DM | v us | ΕO | NLY | |
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| 1 | | | | | | | |

IMPORTANT NOTICE

IMPORTANT NOTICE

IMPORTANT NOTICE

If you answered "Yes" to questions #9 or #10, list each separate offense, the date of conviction, offense, court of jurisdiction and disposition in the appropriate columns.

TO EXPEDITE A REVIEW OF YOUR APPLICATION, THE FOLLOWING EVIDENCE MUST BE SUBMITTED:

- · Certified copy of the arresting agency report;
- · Certified copy of the court documents.
- Penal Code Section 1203.4, expungement of your conviction(s);*
- · Written receipts for payment of court-ordered restitution, fines and fees;
- Character letters attesting to your honesty and integrity by persons who know the circumstances of your conviction(s);
- Evidence of completion of a drug or alcohol abuse program.

*Even if you were pardoned, pled nolo contendere, or if the conviction was later expunged from the record of the court or set aside under Penal Code Section 1203.4, or any other federal or state law equivalent, you must disclose the conviction. If you are awaiting judgment and sentencing following entry of a plea or jury verdict, you must still disclose the conviction. Applicants need NOT disclose a conviction for violation of Health and Safety Code Sections 11357(b), (c), (d) and (e); or 11360(b), if the conviction is more than two years old.

Failure to disclose all convictions, including those out-of-state or out-of-county **may result in the cancellation** of the temporary permit and may result in the refusal of the occupational license. Listing all conviction information may not necessarily preclude you from receiving a license.

Applicant Initials Required _____

FAILURE TO INITIAL WILL DELAY PROCESSING OF THIS APPLICATION

SECTION 5 — MISDEMEANOR OR FELONY CONVICTIONS **DISPOSITION OF OFFENSE** DATE OF COURT OF JURISDICTION (DESCRIBE SENTENCE) **CONVICTED OF** (FULL NAME AND ADDRESS) CONVICTION Amount Term of Jail or Date Fined Probation **Prison Term** Released

(ATTACH SEPARATE SHEET IF ADDITIONAL SPACE IS NEEDED)

FAILURE TO PROVIDE COMPLETE INFORMATION ON THIS APPLICATION, INCLUDING INFORMATION RELATING TO EMPLOYMENT HISTORY AND CRIMINAL CONVICTIONS, IS GROUNDS TO DENY ISSUANCE OF A LICENSE BY THE DEPARTMENT OF MOTOR VEHICLES.

SECTION 6 — APPLICANT CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I further certify (or declare) under penalty of perjury under the laws of the State of California that I am a citizen of the United States, or I am eligible to apply for this benefit under the requirements of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. _____ (initial)

| SIGNATURE | TLE | DATE |
|-----------|-----|------|
| X | | |

IT IS IMPORTANT THAT YOU READ AND UNDERSTAND THE FOLLOWING INFORMATION ADVISORY STATEMENT

The information required on this form pertains to eligibility for issuance of an occupational license. It is required under authority of Division 5 of the California Vehicle Code. Failure to provide the information is cause for refusal to issue an occupational license.

This information is public record, regularly used by law enforcement agencies, and is open to inspection by the public. Information contained in these records, classified as confidential or personal pursuant to the Information Practices Act of 1977 and the Public Records Act, is exempt from disclosure. Individuals are entitled to inspect or obtain copies of information contained in their records during regular office hours by prior arrangement.

The Occupational Licensing Branch, P.O. Box 932342, Sacramento, CA 94232-3420, is responsible for maintaining this information.

PERSONAL RESPONSIBILITY AND WORK OPPORTUNITY RECONCILIATION ACT OF 1996

PERSONAL RESPONSIBILITY and WORK OPPORTUNITY RECONCILIATION ACT — The department has determined that Occupational Licenses are subject to the eligibility requirements imposed by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. These licenses, permits, clearances, verifications, and certificates will hereafter be referred to as PRWORA benefit(s). Aliens, who are not qualified aliens, nonimmigrant aliens under the Immigration and Nationality Act or aliens paroled into the United States under Section 212(d)(5) of the INA (8 U.S.C. s 1182(d)(5)), for less than one year, are not eligible to receive an original or renewal PRWORA benefit, as set forth in the California Vehicle Code. California Code of Regulations Section 450.00 and 450.02.

DISCLOSURE STATEMENT

SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE — You are required by law to provide your social security number or your application will be denied.

Your social security number will be collected pursuant to California Business and Professions Code Section 30. It is used in the administration of occupational licensing laws to determine eligibility for issuance or renewal of an occupational license subject to the applicable provisions of the California Vehicle Code, California Business and Professions Code Sections 29.5, 30 and 31, as well as California Welfare and Institutions Code Section 11350.6. It is also used to aid in the collection of monies owed in connection with failure to pay a fine or failure to appear in court by an applicant; and to aid in the collection of monies owed by an applicant in connection with Aid to Families with Dependent Children, Child Support and Establishment of Paternity and Federal Payments for Foster Care and Adoption Assistance Programs, pursuant to 42 U.S.C. Section 405 and 42 U.S.C. Section 651 et seq.

Your social security number is not provided for public inspection; however, it will be provided in response to requests for information from state and federal agencies operating and involved in the collection of taxes and child support payments pursuant to 42 U.S.C. Section 601 et seg., and California Business and Professions Code Section 30.

Collection of your social security number is mandatory. Failure to furnish the information requested will result in denial of processing an application for issuance or renewal of an occupational license or permit, pursuant to Business and Professions Code Section 30, Subdivision(c).

DELINQUENT TAX DEBT

DELINQUENT TAX DEBT (Effective July 1, 2012) — California state law allows the State Board of Equalization and the Franchise Tax Board to share taxpayer information with the DMV and requires you to pay a delinquent state tax obligation. Failure to pay this delinquent tax obligation may result in the suspension of your All-Terrain Vehicle Safety Training Organization, Dealer, Distributor, Driving School Owner, Lessor-Retailer, Manufacturer, Registration Service, Remanufacturer, Traffic Violator School Owner, or Transporter license(s).

Please be advised that you may not reapply for a license until a period of one year has elapsed since a previous license for which you are applying now has been revoked, refused, or denied pursuant to California Vehicle Code Sections 11810(d), 11903(c), and 11107(c).

APPLICANT SHOULD RETAIN THIS PAGE FOR THEIR INFORMATION IF DOWNLOADED FROM THE INTERNET.

DO NOT SUBMIT WITH APPLICATION.



LICENSING OPERATIONS DIVISION

CERTIFICATE OF PROPOSED FRANCHISE

| DMV USE ONLY | | | | | | |
|--------------|---------|-------|--------|-------|---|--|
| OCCUPAT | IONAL L | ICENS | SING N | IUMBE | R | |
| | | | | | | |

Instructions:

- This form must be completed by a licensed Manufacturer or Distributor.
- The licensed dealer is responsible for submitting this form to the Department of Motor Vehicles with the appropriate application form(s).

| • This form will NOT be accepted if modified or altered and must | contain an original signature. |
|--|--|
| The location is a Permanent Location | |
| ☐ Temporary Branch Location (must be 30 days | or less) |
| Date(s) of Event: From: | To: |
| I/We | LIOSNOS NUMBER |
| MANUFACTURER/DISTRIBUTOR NAME | LICENSE NUMBER |
| hereby certify that: | |
| Written notification to the New Motor Vehicle Board and each franchis 3072(b), or there are no other franchised dealers of the same line-maken with the same line-maken and th | |
| Written notification has been provided to the Board and each franch franchise establishing an additional motor vehicle dealership or relemanket area, and no protests have been filed. (A change in owners as establishing an additional location.) Enter date of notification bel | locate an existing motor vehicle dealership within the relevant ship of an existing established location shall not be construed |
| MAKE OF VEHICLE(S), MOTORHOME(S), OR RECREATIONAL TRAILER(S) | |
| DATE THE NEW MOTOR VEHICLE BOARD AND DEALER(S) WERE NOTIFIED, IF APPLICABLE | |
| PROPOSED FRANCHISEE NAME (AS IT APPEARS ON LICENSE OR APPLICATION FOR LICENSE) | DEALER LICENSE NUMBER (IF APPLICABLE) |
| ADDRESS (AS SHOWN ON LICENSE OR APPLICATION FOR LICENSE) | CITY STATE ZIP CODE |
| AUTHORIZED SIGNATURE (OWNER OF RECORD OR LICENSED REPRESENTATIVE) | DATE |
| X | |
| PRINT OR TYPE NAME | OWNER OR REPRESENTATIVE LICENSE NUMBER |

CALIFORNIA VEHICLE CODE (CVC) - Sections 3062 or 3072*, states in part:

Establishing or Relocating Dealerships

3062. (a) (1) Except as otherwise provided in subdivision (b), if a franchisor seeks to enter into a franchise establishing an additional motor vehicle dealership, or seeks to relocate an existing motor vehicle dealership, that has a relevant market area within which the same line—make is represented, the franchisor shall, in writing, first notify the board and each franchisee in that line—make in the relevant market area of the franchisor's intention to establish an additional dealership or to relocate an existing dealership. Within 20 days of receiving the notice, satisfying the requirements of this section, or within 20 days after the end of an appeal procedure provided by the franchisor, a franchisee required to be given the notice may file with the board a protest to the proposed dealership establishment or relocation described in the franchisor's notice. If, within this time, a franchisee files with the board a request for additional time to file a protest, the board or its executive director, upon a showing of good cause, may grant an additional 10 days to file the protest. When a protest is filed, the board shall inform the franchisor that a timely protest has been filed, that a hearing is required pursuant to Section 3066, and that the franchisor may not establish the proposed dealership or relocate the existing dealership until the board has held a hearing as provided in Section 3066, nor thereafter, if the board has determined that there is good cause for not permitting the establishment of the proposed dealership or relocation of the existing dealership. In the event of multiple protests, hearings may be consolidated to expedite the disposition of the issue.

- (b) Subdivision (a) does not apply to either of the following:
- (1) The relocation of an existing dealership to a location that is both within the same city as, and within one mile from, the existing dealership location.
- (2) The establishment at a location that is both within the same city as, and within one–quarter mile from, the location of a dealership of the same line–make that has been out of operation for less than 90 days.
- (c) Subdivision (a) does not apply to a display of vehicles at a fair, exposition, or similar exhibit if actual sales are not made at the event and the display does not exceed 30 days. ...
- (d) For the purposes of this section, the reopening of a dealership that has not been in operation for one year or more shall be deemed the establishment of an additional motor vehicle dealership.

Section 3072, pertaining to recreational vehicles, contains virtually identical provisions, however, there are additional exemptions not listed above. Recreational vehicle manufacturers and distributors are encouraged to review the entire *California Vehicle Code* Section.



OL-124, CERTIFICATE OF PROPOSED FRANCHISE

Applicable to New Motor Vehicles, Motorcycles, All-Terrain Vehicle and Recreational Vehicles as defined by Health and Safety Code Section 18010 (a)

| | TYPE TRANSACTION | OL-124 <u>NOT</u> REQUIRED | OL-124 REQUIRED PURSUANT TO CVC 11704 | BOARD/MARKET AREA FRANCHISE NOTICE <u>WOT</u> REQUIRED | BOARD/MARKET AREA FRANCHISE NOTICE REQUIRED |
|--------------|--|--------------------------------|--|---|---|
| - | . New license (Buy/Sell) of a currently occupied location (Main or branch location application) | | × | × | |
| 2 | . New location - Not currently occupied, except as exempt pursuant to CVC 3062(b), 3072(b). See #9, #10, and #11 | | × | | × |
| <i>ب</i> | . Change of Business Name | | × | × | |
| 4. | . Adding a Make Distinctive Business Name | | X - For new Make | × | |
| 4a. | . Adding a Non-Make Distinctive Business | × | | | |
| 5. | . Change of Corporate Name/LLC or LLP Name | | × | × | |
| 9. | . Change of Corporate Officers/LLC or LLP Manager | × | | | |
| 7. | . Change of Address (Postal Service change - no physical movement of location) | | X - Formerly known as prior address | × | |
| ω. | . Change of Address (New location is beyond 1 mile of current licensed location) | | × | | × |
| 6 | . Change of Address (New location is within 1 mile of current licensed location and within the same city) | | × | × | |
| 9a. | . Change of Address (New location is within 1 mile of current licensed location and within a different city) | | × | | × |
| 10. | . Establishing location within the same city, within 1/4 mile of a location that has been out of operation for less than 90 days | | × | × | |
| £. | . Reopening a location that has not been in operation for less than one year | | X - Or copy of prior OL-124 | × | |
| 11a. | . Reopening a location that has not been in operation for one year or more | | × | | × |
| 12. | . Temporary Branch locations - Display only with no sales activity that does not exceed 30 days | X - No application required | | × | |
| 12a. | . Temporary Branch locations - Display only with no sales activity but display exceeds 30 days | X - No application required | | | × |
| 13. | . Temporary Branch locations with sales activity on site and other same line-make dealers within RMA | | × | | × |
| 13a. | . Temporary Branch locations with sales activity on site and no other same line-make dealers within RMA | | × | × | |
| 4. | . Addition of a line-make to an existing established location and other same line-make dealers within RMA | | × | | × |
| 14a. | . Addition of a line-make to an existing established location and there are no other same line-make dealers within RMA | | × | × | |
| 15. | . Renewal of License (Application must be submitted no later than 30 days after license expiration date) | × | | | |
| 16. | . Establishing or Relocating Satellite Warranty facility more than 2 miles from a same line-make dealer | X - No application required | | × | |
| 16a. | . Establishing or Relocating Satellite Warranty facility within 2 miles of a same line-make dealer | X - No application required | | | × |
| | | | | | |

Additional Information:

- 1) The OL-124 must reflect the business name and address as it appears on the corresponding application for an Occupational License.
- The dealer is responsible for submitting the OL-124 with an appropriate application to an Occupational Licensing Inspection's Office.
 The OL-124 must be signed by an owner of the Manufacturer/Distributor on file with Occupational Licensing or a licensed Representative.
 Relevant Market Area pursuant to California Vehicle Code Section 507, is any area within a radius of 10 miles from the site of a potential new dealership.
 - 5) The powers and duties of the New Motor Vehicle Board are defined in Division 2, Chapter 6, of the California Vehicle Code.

APPLICANT SHOULD RETAIN THIS PAGE FOR THEIR INFORMATION. DO NOT SUBMIT WITH APPLICATION.



APPOINTMENT OF DIRECTOR AS AGENT FOR SERVICE OF PROCESS

| OL NUMBER | |
|-----------|--|
| | |
| NAME | |

| KNOWALLMENBYTHESEPRESENTS:ThatI/We | | | |
|--|--|---|--|
| | Pl | RINCIPAL'S TRUE FULL NAME(S) AND DBA(S) | |
| | | | |
| As Principal, who has applied for a license as a | TYPE LICENSE | hereby appoint(s) t | he Director of Motor Vehicle |
| as principal's true and lawful agent upon whom all procorincipal, arising out of any claim for damages suffered company, by reason of the violation by said principal of an | I by any firm, person, associa | ation, organization, corporation or l | limited liability partnership, o |
| Principal further stipulates and agrees that, when person the carrier can be made upon the Director of Motor Vehicles employee of the State of California in charge of the Director upon the principal personally. | s. In the event of the Director | r's absence from his/her office, that | service can be made upon an |
| The principal further stipulates and agrees that the agence hat may be issued by the Department of Motor Vehicles the California Vehicle Code, or any condition of principal upon the Director, the service shall be deemed to have believe of business. | s, and so long thereafter as the pal's bond. The principal fur | he principal may be made to answe ther agrees that for purposes of ver | r in damages for a violation on nue, whenever service is made |
| N WITNESS WHEREOF, the said principal has hereur | nto set his hand the | D.ITE | |
| | X | DATE | |
| | Λ | SIGNATURE OF PRIN | NCIPAL |
| NOTARY (| CERTIFICATE OF ACK | NOWLEDGMENT | |
| State of California |) | | |
| County of |) | | |
| | | | |
| On | before me, | | |
| personally appeared | me(s) is/are subscribed to | the within instrument, and acknow | rledged to me that he/she/they |
| certify under PENALTY OF PERJURY under the laws | of the State of California th | at the foregoing paragraph is true a | nd correct. |
| VITNESS my hand and official seal. | | | |
| GIGNATURE OF NOTARY | | (SEAL) | |
| | | | |
| OR DMV/CHP OF | FICER ACKNOWLEDG | GEMENT OF SIGNATURE | |
| On this day | at this city | | L witnessed the signature o |
| On this day, | executed under authorized car | pacity their signature before me. | _ 1 minessed the signature of |
| certify under penalty of perjury under the laws of the S | State of California that the fo | regoing paragraph is true and corre | ct. |
| DEPARTMENT OFFICIAL NAME & TITLE | _ | | |
| NOTE: | | | |
| | alaa (DM) () anad tha Dananton | ant of the California Highway Datus | (CLID) and for the market |

Officers and employees of the Department of Motor Vehicles (DMV) and the Department of the California Highway Patrol (CHP) are, for the purposes of this code, authorized to administer oaths and acknowledge signatures, for which no fee shall be charged. CVC section 18

The instrument appointing the director as agent for the applicant for service of process shall be acknowledged by the applicant before a notary public. CVC sections 11102(a)(5)(C), CVC 11202(a)(6)(C), 11403(d), 11710(d)



STATE OF CALIFORNIA DEPARTMENT OF MOTOR VEHICLES

DEPOSIT AGREEMENT AND ASSIGNMENT

| DMV USE ONLY | | | | | | | |
|----------------------|--|--|--|--|--|--|--|
| OL OR ACCOUNT NUMBER | | | | | | | |
| | | | | | | | |
| NAME | | | | | | | |
| | | | | | | | |

Licensing Operations Division Occupational Licensing Branch P.O. Box 932342, MS: L224 Sacramento, CA 94232-3420

INSTRUCTIONS: Complete one form per deposit. Property shall be assigned and payable to the California Department of Motor Vehicles.

SECTION 1 — TO BE COMPLETED BY APPLICANT Check one box only. WHEREAS: Provisions of the California Vehicle Code and Code of Civil Procedure section 995.710, and California Code of Regulations Title 13, Article 4.0 (commencing with section 251.06) require an Occupational Licensee file or have on file with the Department a bond in the sum of: CVC 11102 □ \$10,000 Principal in All-Terrain Vehicle Safety Training Organization □ \$10,000 Driving School Owner CVC 11102 CVC 11202 □ \$ 2.000 Traffic Violator School Classroom \$15,000 Traffic Violator School Internet and Home Study CVC 11202 CVC 11301 ☐ \$ 5,000 Vehicle Verifier CVC 11402 ☐ \$25,000 Registration Services CVC 11612/11710 □ \$50.000 Lessor-Retailer CVC 11710 ☐ \$50,000 Dealer ☐ \$10,000 Motorcycle Dealer CVC 11710 CVC 11710 ☐ \$50.000 Remanufacturer \$10,000 Wholesale Only Dealer (Less Than 25 Vehicles per Year) CVC 11710.1 I/We, _ TRUE FULL NAME OF DEPOSITOR/APPLICANT referred to here as DEPOSITOR, whether one or more, whose address for service of process is: ADDRESS - REFER TO APPOINTMENT OF DIRECTOR AS AGENT FOR SERVICE OF PROCESS, ADM 9050 agrees, the Department of Motor Vehicles may collect, sell, or otherwise apply the deposit to enforce the liability of the Occupational Licensee, and that the Depositor is held and firmly bound to the People of the State of California in the penal sum _ for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, firmly by these present. I/We, _____ TRUE FULL NAME TRUE FULL NAME TRUE FULL NAME TRUE FULL NAME

referred to here as the OCCUPATIONAL LICENSEE is the person whose obligation is the subject of this agreement and deposit.

The Occupational Licensee may be the same person or entity as the Depositor.

Doing business as_

| SECTION | 2 — | - APPLICANT MUST SELECT ONE BOX (Multiple deposits require addition | nal OL 25E) | | | | | |
|--|--|---|---|--|--|--|--|--|
| The prope | rty d | leposited is as follows: | | | | | | |
| | (1) | Lawful money of the United States in the amount of \$ | s are pending to enforce the liability demand, any interest on the deposit, | | | | | |
| | (2) | Bearer bonds or bearer notes of the United States or the State of California; | | | | | | |
| | | DESCRIBE IN DETAIL (BANK NOTE NUMBER, ACCOUNT NUMBER AND/OR COM | ITROL NUMBER) | | | | | |
| | (3) | 3) Certificates of deposit payable to the department, not exceeding the federally insured amount, issued by; | | | | | | |
| | | name & ADDRESS OF FINANCIAL INSTITUTION a bank or savings association authorized to do business in this state and insular Insurance Corporation, issued or dated, identified by num in the amount of \$ | | | | | | |
| | | in the amount of \$ | | | | | | |
| | (4) | A savings account, investment certificate or share account not exceeding the with evidence of the deposit in the accounts with | federally insured amount, together | | | | | |
| | | NAME & ADDRESS OF FINANCIAL INSTITUTION a bank or savings association authorized to do business in this state and insur Corporation, issued or dated, identified by number | red by the Federal Deposit Insurance | | | | | |
| | | in the amount of \$ | | | | | | |
| | | A certificate for funds or share account, not exceeding the guaranteed amoun | t, issued by | | | | | |
| | | name & address of Financial Institution, as defined in Section 14002 of the Financial Code, whose by the National Credit Union Administration or guaranteed by any other agence Financial Institutions, issued or dated, identified by number | y approved by the Department of | | | | | |
| | | in the amount of \$ | | | | | | |
| SECTION | | TO BE COMPLETED BY FINANCIAL INSTITUTION WHERE THE DEPOSIT (Required when selecting box 3-5) | RESIDES | | | | | |
| Receipt is of the above created by lien, encur to make pa contrary, the department to the insti | here ye-de the mbra ayme he fu tutio | nent by Financial Institution: be by acknowledged to the Department of Motor Vehicles of the State of Californial escribed account to the department. We have noted our records to show the interpretation assignment. We have retained a copy of this document. We hereby certify the ance, hold, claim or other obligation against the above account prior to its assignent in accordance with the laws applicable to this institution. We further agree all sum of the deposit as shown on the above agreement and assignment is dishall not be reduced on account of any penalty for early withdrawal or other on. We note that interest earned on the deposit is the property of the Depositor in dishall to the Depositor. | erest of the department in the account it we have not received any notice of gnment to the department. We agree that notwithstanding anything to the hall be available for payment to the cause, or to pay service or other fees | | | | | |
| | | NAME OF FINANCIAL INSTITUTION | ACCOUNT NUMBER | | | | | |
| | | | ACCOUNT NOWIDER | | | | | |
| | | ADDRESS OF FINANCIAL INSTITUTION | TELEPHONE NUMBER | | | | | |
| | | ADDRESS OF FINANCIAL INSTITUTION | I ELEPHONE NOWBER | | | | | |
| Executed a | at | SIGNATURE OF FINANCIAL INSTITU | TION REPRESENTATIVE (SIGNATURE IN BLUE INK) | | | | | |
| | | | , | | | | | |
| On (Date) | | PRINTED OR TYPI | ED NAME OF OFFICER AND TITLE | | | | | |

SECTION 4 — APPLICANTS ACKNOWLEDGEMENT

The Occupational Licensee may give a deposit in lieu of a bond under section 995.710 of the Code of Civil Procedure; section 995.710 requires an agreement to accompany the deposit; and, subdivisions (a)(4), (a)(5) and (a)(6) of section 995.710 require an assignment to give effect to a deposit under those subdivisions, this agreement is executed and tendered, the deposit given, and the assignment made, in accordance therewith.

NOW THEREFORE, the conditions of the foregoing obligations are that if the occupational licensee shall not cause any loss to the State of California arising out of the operation of the occupational licensing activity, then this obligation is void; otherwise it is to remain in full force and effect.

FURTHER, the Depositor hereby assigns to the Department of Motor Vehicles: the accounts, investment certificates, share accounts, certificates for funds, or other accounts described herein; and, any insurance or guarantee by the Federal Deposit Insurance Corporation, National Credit Union Administration, any similar insurance or guarantee by an agency approved by the Department of Financial Institutions, or any other similar insurance or guarantee relating to the deposit.

PROVIDED HOWEVER, this agreement and deposit is executed, tendered and given subject to the following express conditions:

- (1) This agreement and deposit shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Occupational Licensee may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued before the cancellation or withdrawal of the Depositor from the agreement and deposit.
- (2) This agreement, deposit and assignment is executed, tendered and given by the Depositor to comply with the provisions of the Vehicle Code and Code of Civil Procedure section 995.710, and California Code of Regulation Title 13, Article 4.0 (commencing with section 250.14) by having the depositor check the appropriate box in section A.
- (3) The aggregate liability of the Depositor under this agreement and deposit on all claims whatsoever shall not exceed the penal sum of this deposit in any event; however, the liability of the Occupational Licensee Partner is not limited.
- (4) This agreement and deposit may be cancelled by the Depositor in accordance with the provisions of Article 13 (commencing with section 996.310), Chapter 2, Title 14, Part 2 of the Code of Civil Procedure.
- (5) The Depositor, its successors and assigns, are jointly and severally liable on the obligations of the agreement and deposit, the provisions of Chapter 2 (commencing with section 995.010), Title 14, Part 2 of the Code of Civil Procedure, section 1685 of the Vehicle Code, and Article 4.0 (commencing with section 250), Title 13, California Code of Regulations.
- (6) The Depositor and Occupational Licensee may be served with notices, papers and other documents under Chapter 2 (commencing with section 995.010) of Title 14 of Part 2 of the Code of Civil Procedure at the addresses given above.
- (7) Any interest earned on funds represented by a certificate of deposit payable to the department or on funds in an account in a financial institution shall be the property of the Depositor, is not subject to this assignment and agreement, and may be paid to the Depositor by the financial institution.

| (8) | This deposit shall be effe | ctive on |
|-----|----------------------------|----------|
| (-, | | DATE |

A copy of the evidence of the deposit (a DMV cash deposit receipt, bonds or notes, certificate of deposit, pass-book, etc) may be attached to this agreement and assignment for purposes of further identifying the deposit.

The undersigned executes this deposit in lieu of a bond on behalf of the occupational licensee under an unrevoked power of attorney.

I certify (or declare) under penalty of perjury, under the laws of the State of California that the foregoing is true and correct.

| Executed at | X |
|-------------|--|
| On (Date) | SIGNATURE OF DEPOSITOR/APPLICANT (SIGNATURE IN BLUE INK) |
| | PRINTED OR TYPED TRUE FULL NAME OF DEPOSITOR |